

# Consumer Complaint Form



RETURN TO: Attorney General's Office  
P.O. Box 899  
Jefferson City, MO 65102

Missouri Attorney General  
Jeremiah W. (Jay) Nixon

Phone: 800-392-8222  
Web: [www.moago.org](http://www.moago.org)

CONSUMER

☐ MR.  
☐ MRS.  
☐ MS.

**YOUR NAME** \_\_\_\_\_  
LAST FIRST MI

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

**HOME PHONE** ( ) \_\_\_\_\_ **WORK PHONE** ( ) \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

COMPANY

**MY COMPLAINT IS AGAINST** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP COUNTY

**PHONE** ( ) \_\_\_\_\_ **WEB SITE** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

**PERSON YOU DEALT WITH** \_\_\_\_\_  
NAME TITLE

PRODUCT OR SERVICE

**PRODUCT OR SERVICE DISPUTED** \_\_\_\_\_

**DATE OF TRANSACTION/PURCHASE** \_\_\_\_\_  
(For example: 05 01 00) MONTH DAY YEAR

**AMOUNT PAID** \$ \_\_\_\_\_

**HOW & WHERE DID YOU LEARN ABOUT PRODUCT OR SERVICE?** \_\_\_\_\_

PAYMENT

**PAYMENT METHOD** ☐ CASH ☐ CREDIT CARD ☐ DEBIT CARD ☐ LOAN ☐ LAY-AWAY ☐ CHECK ☐ OTHER

**DID YOU SIGN A CONTRACT, WARRANTY AGREEMENT OR SIMILAR PAPERS?** ☐ YES ☐ NO

Copies of any documents produced for payment must be returned with this complaint form.

(such as contracts, warranties, checks — front and back)

**BRIEFLY EXPLAIN  
YOUR COMPLAINT**

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**WHAT ACTION HAVE YOU TAKEN TO RESOLVE THIS COMPLAINT?**

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**HOW DO YOU WANT  
THIS COMPLAINT  
RESOLVED?**

☐ REFUND      ☐ REPAIR      ☐ DELIVER PRODUCT      ☐ PERFORM SERVICE      ☐ REPLACE/TRADE  
☐ OTHER \_\_\_\_\_

**HAVE YOU BEEN SUED  
OR FILED A LAWSUIT  
ABOUT THIS COMPLAINT?**

☐ NO      ☐ YES \_\_\_\_\_  
NAME OF ANY AGENCY CONTACTED

\_\_\_\_\_  
AGENCY ADDRESS

**BY FILING THIS COMPLAINT, I UNDERSTAND THAT:**

The Attorney General is not my private attorney, but enforces state consumer protection laws;  
I will testify in court to the facts stated in this complaint; and  
A copy of this complaint will be provided to the merchant against whom I am filing this complaint.

**I ATTEST TO THE ACCURACY OF STATEMENTS MADE IN THIS COMPLAINT:**

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE